

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	61001	318100 7-15-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		61001	5-10-00
RESPONSE FORMALITY REVIEW	SJ	1091	10-12-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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